Wisconsin Drug Utilization Review Board



Department of Health Services Guidelines

Version 1.0

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I. DUR Board Bylaws

A. Legal Authority

Pursuant to the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), federal rules, 42 CFR 456.716, require that Wisconsin Medicaid agency establish a Drug Utilization Review (DUR) program. The DUR program is charged with developing procedures to assure member drug use is appropriate, medically necessary and unlikely to result in adverse medical results.

B. Composition and Membership

At least one-third but no more than 51 percent of the DUR Board members must be physicians and at least one-third of the board members must be pharmacists. In addition, at least one member of the Board shall be a registered nurse with prescribing authority. All professional members shall be licensed to practice in the State of Wisconsin. DUR Board members must have recognized knowledge and expertise in at least one of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

The DUR Chief Pharmacist shall be staff to the Board as shall any members designated by the Division of Health Care Access and Accountability (DHCAA), Department of Health Services (DHS), State of Wisconsin.

DHCAA shall solicit recommendations for Board membership through the Wisconsin Medical Society, the Pharmacy Society of Wisconsin, the University of Wisconsin-School of Pharmacy and the Wisconsin Nurses Association for nominations. Potential members will be recommended to the DHCAA Administration.

C. Terms of Office

Board members will be appointed for a three-year term and may be reappointed for additional terms. Terms will be staggered.

D. Replacement of Members

If a vacancy is created by the resignation of a member, the DHCAA will solicit recommendations through the appropriate agencies and appoint an individual to fill the unexpired term.

Two unexcused consecutive absences from scheduled meetings shall constitute a resignation.

E. Quorum

For purposes of voting and other official action, a quorum shall be declared if at least 50 percent of the voting members are present.

F. Duties and Responsibilities

1. Administrative

The DUR contractor will coordinate all necessary administrative functions including:

- Coordination of meetings;
- Record keeping including preparation of the meeting agenda and minutes; and
- Payment of travel expenses.

2. Professional

DUR Board member activities shall include, but are not limited to, the following:

- Review and make recommendations to the DHCAA based on federally predetermined standards for retrospective and prospective DUR
- Approve ongoing educational interventions for physicians and pharmacists targeted toward cost effective prescribing, therapy problems or individuals identified in the course of drug use reviews
- Oversee the operation of the DUR program
- Active participation during the DUR Board meetings.

G. Frequency of Meetings

Meetings will be held at least four times annually.

H. Confidentiality and Immunity

All DUR Board members will be required to sign a statement of confidentiality in which the member agrees not to use, distribute or disclose information regarding any member, provider or case reviewed by the DUR Board. The Board member must also agree that any information discussed at the DUR Board meeting will not be disclosed in a manner which could identify the views of the specific members of the DUR Board.

All DUR Board members are entitled to the same immunities from civil liability as a result of acts or omissions in rendering service as a member of the DUR Board as are enjoyed by state employees and officials for acts within the scope of their employment.

I. Conflict of Interest

A conflict of interest shall exist when the member has an existing or potential personal, professional or monetary interest, or when a member's spouse or child has an existing or

potential monetary interest, in a matter under consideration by the DUR Board. A member shall disclose any potential conflict in writing at the time of their appointment to the Board and at the commencement of consideration of substantive matters before the Board, or at the point when the conflict of interest becomes apparent in discussion or deliberation of the matter and shall abstain from any vote in the matter. Minutes of the meeting will reflect the conflict of interest and that abstention from voting had occurred. In the event there are questions as to whether a conflict of interest or potential conflict of interest exists in a case of an individual member, the question shall be decided by the DHCAA Administrator.

Members shall not represent themselves as officers or employees of the State of Wisconsin when acting as a DUR Board member.

II. Conflict of Interest Statement

Information about any Medicaid member is confidential and may be used or disclosed only for purposes directly related to Medicaid administration, as determined by the State Medicaid Agency. No member of the Wisconsin Medicaid Drug Utilization Review Committee ("Committee") may disclose to any person any information regarding any Medicaid member.

Some information not related to Medicaid members that Committee members may obtain in the course of their participation on the Committee may qualify as trade secret under Wisconsin law. Such information will be clearly identified as such. No member may disclose any trade secret information obtained in the course of participation to the Medicaid Director.

A member of the Committee shall disclose a conflict of interest at the beginning of consideration of any matter in which the member has or may have a conflict of interest, or at the point during consideration when a potential conflict of interest becomes apparent to the member. After disclosure, the member may continue to participate in discussion, but shall abstain in any vote taken. Minutes of the meeting will reflect the disclosure and abstention from voting. Any question as to whether a conflict of interest exists shall be referred to the Medicaid Director.

A conflict of interest exists whenever any of the following circumstances apply:

- A Committee member, a Committee member's immediate family member, or an organization
 with which the Committee member is associated has a substantial financial interest in the
 outcome of matter
- The outcome of a matter may produce or assist in producing a substantial financial benefit, direct or indirect, for the Committee member, a Committee member's immediate family member, or an organization with which the Committee member is associated
- A Committee member, a Committee member's immediate family member, or an organization with which the Committee member is associated receive money or any other thing of value from a company or other organization that has financial interest in the outcome of a matter.

"Immediate family" includes a spouse and any relative by marriage, lineal descent or adoption who receives more than one-half of his or her support from the Committee member or from whom the Committee member receives more than one-half of his or her support.

"Organization with which the Committee member is associated" includes any organization in which the Committee member or a member of the Committee member's immediate family is a director, officer or trustee, or owns or controls, directly or indirectly, at least 10 percent of the outstanding equity or of which the Committee member or the Committee members' immediate family is an authorized representative or agent.